



**ST. LOUIS DEPARTMENT OF PARKS, RECREATION AND FORESTRY  
RECREATION DIVISION PROGRAM REGISTRATION**

**Summer Day Camp Registration**

Date: \_\_\_\_\_

**Client Information**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ETHNICITY: HISPANIC OR LATINO ☐ NON HISPANIC OR LATINO ☐

**RACE: Select Only One.**

Asian ☐ Black or African American ☐ White ☐ Other ☐

Black or African American and White ☐ American Indian or Alaska Native ☐

American Indian or Alaska Native and Black ☐ American Indian or Alaska Native and White ☐

Native Hawaiian or Pacific Islander ☐

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

Does your child take any medication? Yes ☐ No ☐

If Yes please list. \_\_\_\_\_

Does your child have any medical conditions? Yes ☐ No ☐

If Yes please list. \_\_\_\_\_

Does your child have any allergies? Yes ☐ No ☐

If Yes please list. \_\_\_\_\_

Liability Release: I hereby release and hold harmless from liability the City of St. Louis, the Department of Parks, Recreation & Forestry and its employees and representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_